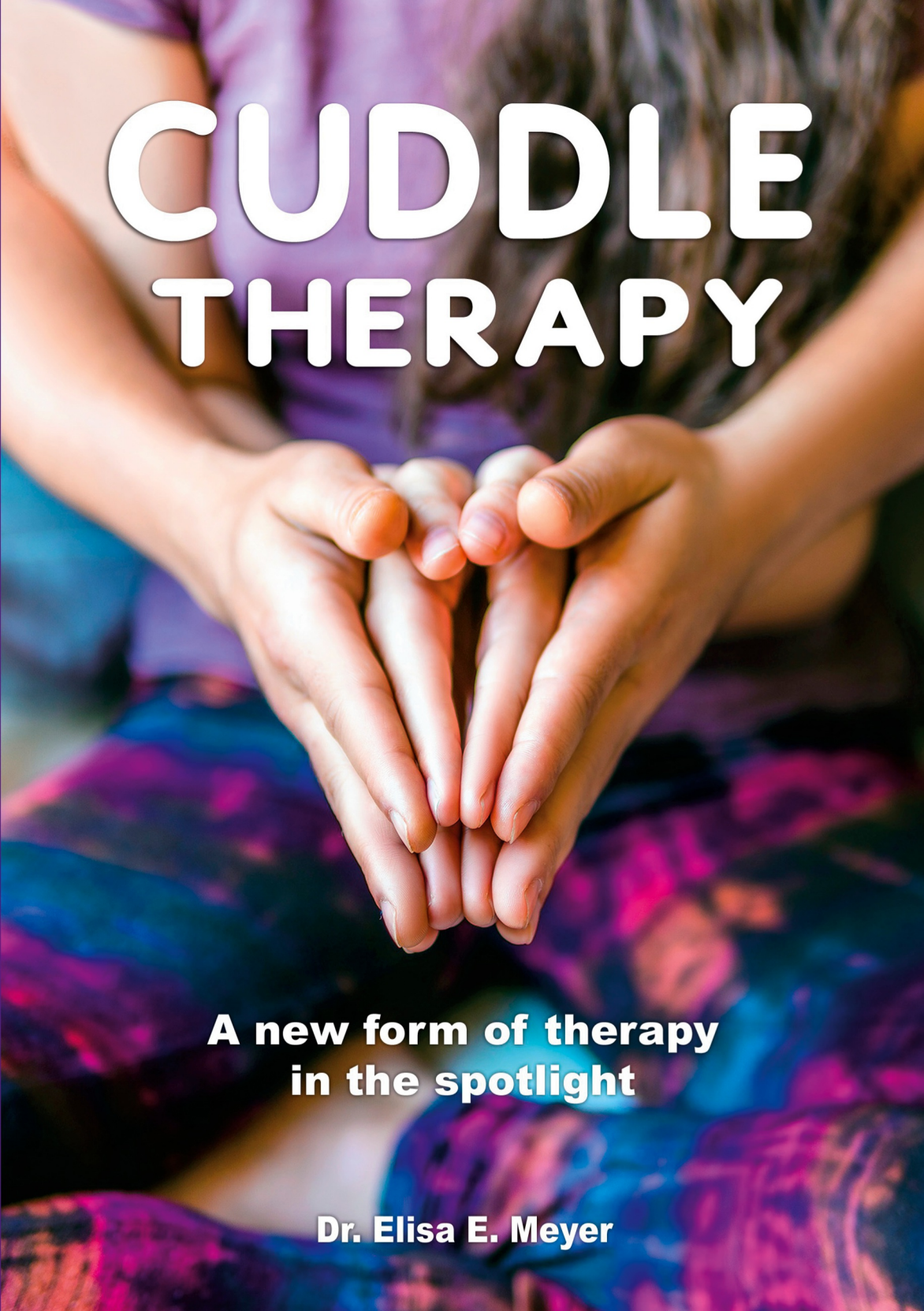
CUDDLE
THERAPY
A new form of therapy
in the spotlight
Dr. Elisa E. Meyer

Cuddle Therapy

Elisa E. Meyer is a cuddle therapist from Leipzig. She was born in Luxembourg in 1986. She studied German literature and philosophy in Freiburg, afterwards she did her doctorate in Vienna on the work of Robert Musil and the topic "Body Identity". As the child of two therapists, she began to explore her own therapeutic path early. She now works as a practitioner for psychotherapy with hypnotherapy, Reiki, and with biodynamic body therapy. Since 2015 she has been dealing with cuddle therapy in theory and practice. Her teachers were Samantha Hess and Kitty Mansfield (CPI). In 2018 she founded the company "The Cuddle Chest." In 2019, her first book "Touch Hunger" was published about the effect of touch in general and the profession of cuddle therapy in particular. Then in 2022 her second book, "Cuddle Therapy" was published, the translation of which you now hold in your hands. Her last book "Kuschel Kunst", a visual guide through cuddle positions, appeared in 2024.

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"Whilst cuddling, the old, negative experience is overwritten by a positive somatic experience."
Cuddle Client

"It feels like this is for my inner child.
Now I feel kind of refueled."
Cuddle Client

"Sex is nothing compared to this."
Cuddle Client

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Introduction

My name is Elisa Meyer and I am a cuddle therapist in Germany. This is my second book after six years of working in this profession. In my first book "Touch Hunger", I introduced you to the basics of touch and its effects. In this book, I would like to offer you new insights into cuddle therapy, especially from the perspective of our clients, and the condition known as "touch hunger" or "skin hunger".
This term refers to the effects of prolonged isolation, when the skin receives little to no stimulation – in other words, when you neither touch others nor are touched yourself. This became particularly relevant during "the pandemic", not only because of the short-term consequences, but also due to its late effects. I also dare to look more closely at the healing effects that cuddle therapy has on this condition. Thanks to many more years working as a cuddle professional since the first book, I feel more confident in talking about results and effects.

This second book goes deeper than the first and may take a bit longer to digest. It is intended for touch professionals, individuals experiencing touch hunger and anyone interested in the meaning of touch for us humans in our lives.

I will begin with a brief historical review of cuddle therapy within the broader context of therapy methods. For this purpose, I will introduce some forms of therapy that essentially work with touch and gradually lead up to the development of cuddle therapy.
Then I will continue with the topic of lack of touch or touch deprivation: What happens to your body and mind when there is too little physical contact? All these symptoms that we, as professional cuddlers, regularly observe in our clients. You may even recognize yourself in one chapter or another. Everybody has their vulnerable points, especially in a touch-deprived society like ours.

In the second main section, I outline the potential effects of cuddle therapy. For this, I present the results of a survey that has been conducted

over many years (and still ongoing), in which clients of The Cuddle Chest describe their experiences. I have prepared the free part of the survey in the form of word clouds, allowing participants to express themselves in their own words.

Please note that this material has been translated from German to English. I have put a great effort into trying to make the translation as accurate and fitting as possible.

I then present a number of case studies. Some clients thankfully shared with me transcripts from our sessions, describing their experiences. After a description of their initial challenges and situations, they reflect on the changes and the benefits that have resulted from cuddle therapy.

The final chapter introduces various cuddle positions, as you already know from my first book. This time, in addition to a few easy positions for beginners, I included more intense variations that we try with regular, experienced cuddle clients. These offer an intimate glimpse into the daily practice of a cuddle therapist. Many of these positions are often created spontaneously during the course of a cuddle session, sometimes guided by the clients' impulses. They are often the ones with the most profound positive effects unfolding.

Have fun reading!

Touch in Classical Body Psychotherapy

Touch as a therapeutic tool did not begin to exist with cuddle therapy. Newer forms of therapy have long made use of the effects of touch. As a relatively new approach, cuddle therapy still has to establish itself first. If you look deeper at the history of different therapeutic methods, you will see that many of them initially struggled to gain acceptance within the mainstream. Classical psychotherapy, such as psychoanalysis, traditionally rejects any form of physical touch in the therapeutic process.

Wilhelm Reich

From a historical perspective, it makes sense to start with the topic of body therapy in the Western world by looking at Wilhelm Reich. He was a psychiatrist, psychoanalyst, sex researcher and sociologist. His name still evokes a certain discomfort in some circles, as similar to figures like Osho or other gurus who did not have a spotless white vest, due to controversies surrounding both his personality and his work. Unlike Freud, for example, who was known for his rather conventional lifestyle, Reich attracted criticism for his unconventional methods and daring theories related to orgasm and sexual energy, as critics often point out that he incorporated physical touch into therapy, which was highly controversial at the time. Despite this, he was the one who influenced many late therapists after him by introducing the idea that the body could be activated and healed through movement and touch. If you are interested in learning more about this dazzling personality, there is extensive literature available, enough to keep you from getting bored.

Of particular relevance to us here is his development of body-oriented vegetotherapy. Using character analysis as a basis, Reich sought to restore the natural flow of energy in his patients' bodies. When you hear terms like "rigid, masochistic, psychopathic, oral", used in the context of body therapy, they refer to both psychological and physical patterns – how the body and character structure are shaped over the course of life and through experience. So, the human being is initially soft and malleable like dough, in infancy, then gradually gets a firmer and more rigid structure

over time, eventually becoming something like an armor in adulthood. One of Reich's central therapeutic goals was to dissolve this armor.
Please note that he was among the first to propose that psychological patterns are physically embodied. This means, for example, that if someone has a masochistic character, someone who endures a lot without expressing it, might also exhibit a rigid stance, a square physique, etc. The muscles tense up in different areas depending on life experience and the "selection" of the character structure: raised shoulders, a withdrawn head, or a chest stretched out. These bodily patterns became key diagnostic tools for Reich and many body therapists after him.[1]

So how does vegetotherapy work? It involves various techniques: touch, massage, breathing exercises and movement to release tension and free the tense areas of the body from their burden and accumulated energetic charge. He observed that this process often led to spontaneous abreactions, energetic releases, and thus, over time, the rigid "muscle armor" of the patients softened, causing psychological symptoms, such as neuroses, to disappear. In this way, he invented a form of psychotherapy that integrates the physical elements, aimed to heal the body and the soul.

His work went on to inspire many other body-oriented therapists, who developed their own approaches from his concept. Alexander Lowen and Gerda Boyesen are particularly worthy of mention here: Bioenergetics and Biodynamics. These will be discussed in the next chapter.

[1] We can recommend reading 'Character Analysis' from 1933, for example.

Body psychotherapy

> „Once I understood that this massage technique worked on the body per analogous to a real psychoanalysis, I became more and more interested in finding out what is really going on at the physiological, the bodily level when a conflict is repressed, or what happens when a conflict is resolved in therapy. [...] At the Bülow-Hansen Institute, I experienced the healing process of neurosis purely on the physical level, using countless examples."
> Gerda Boyesen, Healing the Soul Through the Body. p. 44

Let us now turn to the successors of Wilhelm Reich. Among them, two important approaches stand out: bioenergetics and biodynamics. I will focus on biodynamics, as it is the method in which I am trained myself. Biodynamics is a form of body psychotherapy. It begins with an anamnesis, as in classical psychotherapy, during which the therapist tries to come up with a preliminary analysis, classification and understanding of the client's problem. However, instead of approaching the problem verbally, body psychotherapy seeks to locate these issues within the body. Thoughts and emotions are often experienced and stored in different parts of the body. For example, a thought may trigger stomach ache and vice versa: that physical sensation may evoke certain thoughts. Developing awareness of these connections requires good body perception, but not all patients have it. Therefore, therapy usually begins with body awareness exercises, designed to reconnect mind and body. Skipping this step can quickly lead to frustration or overwhelm. The therapist then will work with the patient to treat the affected areas of their body. This is not a feel-good treatment like a wellness massage, nor is it a medical intervention, as we are used to from physiotherapy. While touches or massages are used, the focus is primarily on the feelings triggered by this and the associated reactions in the body.[2] The patient describes these

[2] In bioenergetics, the therapist proceeds in a similar way, except that here the work is not done by touch, but mainly by movement exercises. The patient moves, strains and bends until the corresponding emotions are flushed out of the body.

experiences, allowing the therapist to respond appropriately. Biodynamics aims to release blockages on the vegetative level. This involves working the muscles and deeper layers of the body until the blocked energy is released and discharged.

> "The place where the blockage was located, the point where it was necessary to start, was the muscle. The muscle tension, which is initially a completely normal and organic reaction in the case of conflict, would have to be released again with a changed situation. Because of the conflict, however, the tensions are chronically maintained, and they are closely connected with an inhibition of the vegetative discharge."
> Healing the Soul Through the Body, p. 42.

"Vegetative" refers to unconsciously running basic body reactions such as breathing, temperature regulation, and other autonomic functions. Vegetative release may manifest physically, through trembling, sweating, twitching, or emotionally, through anger, sadness, crying or fear. The therapist will observe these reactions and accompany or guide these processes within a safe framework. Acting out, i.e. discharging, is the focus, followed by a phase of holding or enduring. Over time, the patient calms down again and self-regulates with help from the therapist. This reflects Reich's cycle of charging, discharging, and resting. The final stage is integration, which may begin with physical rest and continue through reflective conversation with the therapist. What happened? Why did it happen? What can I learn from it? How do I deal with the feelings that come up afterwards? What happens in my everyday life now that I have a new body feeling?
Integration is an essential part of body psychotherapy, as it is in most other forms of therapy. Success consists in the fact that the progress that occurs in the body is subsequently meaningfully anchored in the mind and the overall personality structure. This is how development happens.

Besides biodynamics, there is also the "body psychoanalysis" by Tilman Moser. This is an interesting concept, based on Reich's. It is, as the name suggests, a mixture of body therapy, see Wilhelm Reich, and psychoanalysis as we know it from Siegmund Freud.

What does it look like exactly? The therapist first has longer conversations with the client until it is clear what the issue is. Then the therapist suggests a corresponding form of touch. The client can first imagine it and then decide if he wants to try it. The touch is now performed. It can be very quiet and gentle, or it can be done with a lot of pressure and movement. In his book "Touch on the couch", Moser describes 26 different touches and cuddle positions that he uses in his everyday work as a therapist. Then there is a reflection phase in which the client can feel how the touch impacted him. This is then integrated therapeutically through conversation. That way there is always an alternation between conversation and touch. Usually, one touch or one position is performed per session, so that the integration has enough time. I find the combination of mind and body work remarkable. Here in his own words:

> "I choose among a number of forms of touch that have proven helpful for specific forms of conflict and regression. [...] At the beginning it is usually the therapist who makes a suggestion. Of course, this is not immediately put into practice, but one can suggest an image, a fantasy of interaction, a form of contact with the patient and ask what this does to him. In addition to transference and counter-transference, it is often external, body-language signs that orient the therapist: Impulses of movement, sudden pain, changes in breath, voice or posture, and the important self-to-self movements. The latter means that the patient, without realizing it, performs touches on himself which he has hoped, often in vain, for from a caregiver and which now also serve to comfort himself."
> Moser, Touch on the Couch, p. 26.

Tilman Moser also deals extensively with the issue of sexualization of touch between therapist and client. Finally, he is influenced by the strict ethics of psychoanalysts and had to experience exclusion from his own ranks himself. The most formative sentence on this is, "The most important thesis of analytical body psychotherapy is that touch serves desexualization." (p. 22.) In a later chapter of this book, "Cuddle Therapy Against Sex Addiction", I will discuss this in more detail. He also writes the most apt sentence ever about the physical interaction between therapist and patient: "The threatening variable lies in the therapist's

vulnerable and needy psyche." If this discourse interests you, I can recommend his book “Touch on the Couch."

Schema therapy

This chapter is about schema therapy, developed by Dr. Jeffrey Young. The main feature of this form of therapy is the idea that each person contains different internal schemas or patterns (modes) inside. These can include, for example, a child part and adult part, which determine our behavior. In personality disorders, these parts can be more fragmented and may even operate independently of one another, sometimes taking control. However, these internal parts exist in everyone.

Particularly interesting for us cuddle therapists is Young's view that, at a certain stage of therapy, touch between patient and therapist can be helpful. By touch, he refers to two cuddle positions in particular: a lateral hug, meaning arm over shoulder, and a frontal embrace, with limited body contact. Ideally, the therapist temporarily takes on the role of a parent when the patient feels vulnerable or childlike. What happens during this kind of touch?

> "The positive effects can be impressive in seriously ill patients who have never been held or experienced intimacy before. They get the feeling that someone cares about them, that someone values them, and they learn how important physical contact with other people is outside of therapy. In some cases, verbal support of the patient is not enough to create the feeling that someone really cares about him or her. This can be better achieved through therapeutic physical contact." (Jeffrey Young, 2009)[3]

Such a statement is, of course, a great confirmation for us cuddle therapists. That is exactly how it works! What is described here aligns with the concept of "reparenting", an experience of parental security in a therapeutic setting, providing the sense of safety and care that may have been lacking in early childhood. For this, the therapist has to slip into the

[3] Jeffrey Young: Physical contact between therapist and patient is permitted. In: Behavior Therapy 2009; pp. 185-186. https://www.karger.com/Article/Pdf/236060

parental role to a certain extent and support the patient with touch like an ideal parent.
There is also an interesting statement addressing the subject of patients developing romantic feelings toward their therapist:

> "It is common for patients with borderline personality disorder to fall in love with the therapist. This happens even without physical contact, and it cannot be prevented. Nor should it be called abnormal or unhealthy, as long as the patient doesn't get caught up in these thoughts, the feeling doesn't last, and it doesn't interfere with therapy."

Such feelings can even be helpful to the therapy as long as they are handled appropriately. How so?
We are talking about "corrective emotional experiences". This means that the client expresses difficult emotions, such as infatuation, and discovers that they are accepted without rejection or withdrawal. In doing so, it is important that the therapist always communicates the boundary and responds by acknowledging the feeling while reinforcing the limits of the professional relationship: "It's ok that you are in love with me, it happens, but I don't reciprocate your feelings, it won't develop into a romance." This aims to maintain the stable framework of the therapy, as the client must be able to rely on as much as the therapist.
In cuddle therapy, however, we have to address those feelings right at the beginning and help neutralize it, since we do not work with it therapeutically in this way.